

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000091330 (8)

1. Corporation Name

GARY S. NORKIN, D.D.S., P.A.



Principal Place of Business

951 N.W. 13 STREET  
SUITE 3C  
BOCA RATON FL 33486

Mailing Address

951 N.W. 13 STREET  
SUITE 3C  
BOCA RATON FL 33486

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

NORKIN, GARY S  
951 N.W. 13 STREET  
SUITE 3C  
BOCA RATON FL 33486

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

12/16/1994

3a. Date of Last Report

02/13/1995

4. FEI Number

APPLIED FOR 65-0554204

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent's signature required when filing a change of agent.)

Date

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME NORKIN, GARY S  
STREET ADDRESS 951 N.W. 13 STREET, SUITE 3C  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

800001800618  
-04/30/96--01017--032  
\*\*\*200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-96

(407) 451-9901

Daytime Phone #

CR2E034 (12/95)